



Maricopa County
Ryan White Part A Program
Policy and Procedures

Substance Abuse Services

Effective Date: 03/01/2011

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PURPOSE:

To guide the administration of Ryan White Part A Program's Substance Abuse Services (a core service under the act). The administration of funds must be consistent with Part A client eligibility criteria and the service category definitions established by the Ryan White Part A Program Planning Council.

The Ryan White HIV/AIDS Treatment Extension Act of 2009 defines core medical services (including for co-occurring conditions) as including: outpatient and ambulatory health services; medications; pharmaceutical assistance; oral health care; early intervention services; health insurance premium and cost sharing assistance for low-income individuals; home health care; medical nutrition therapy; hospice services; home and community based health services; mental health services; substance abuse outpatient care; and medical case management, including treatment adherence services.

POLICIES:

- The funds are intended to provide intensive, comprehensive Outpatient or residential Substance Abuse treatment to HIV-infected individuals with histories of substance abuse.
- As per ADHS guidelines A.A.C. Title 9, Chapter 20, professional staff who provide treatment, counseling and support group facilitation will be licensed or supervised by a licensed behavioral health professional.
- All communications made on behalf of the client are to be documented in the client chart and must include a date, time, person(s) spoken with and brief summary of what was communicated in adherence with the client charting definition.
- All activities performed must be directly related to the HIV-related clinical status of an eligible client and documented appropriately in the client chart.
- Appropriate client authorized releases of information must be on file to allow for the proper inter-provider communications needed to increase the likelihood of desired health outcomes related to the HIV-related clinical status of an eligible client.
- All fee- for- service reimbursements made under this service are limited to the current Arizona Health Care Cost Containment System (AHCCCS) reimbursement rates, as applicable, or a reasonable rate approved by the Administrative Agency. Contractors with direct cost reimbursement contracts will be reimbursed for actual/allowable costs incurred during the contract period.



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- Specific clinical outcomes (as defined by the Maricopa County General Government Ryan White Part A Office) need to be measured and reported for this service.
- Residential Substance Abuse Treatment Services are limited to the following:
 - Funds may not be used for inpatient detoxification in a hospital setting
 - If detoxification is offered in a separate licensed setting (other than under an inpatient license), funds may be used for this activity
 - If the residential treatment service is in a facility that primarily provides inpatient medical or psychiatric care, the component providing the drug and/or alcohol treatment must be separately licensed for that purpose
- All direct service providers must meet the service category's Standards of Care as defined by the Ryan White Part A Planning Council.

DEFINITIONS:

Substance Abuse Services:

Substance Abuse Services Outpatient is the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.

Client Charting:

All paper chart documents must be original documentation and contain original dates and signatures of contract budgeted staff providing services i.e. assessments, treatment plans and progress notes. All Electronic Medical Records must include authenticated, dated electronic signatures. The AA will only review documentation that is authenticated original documentation, and will not accept copies of assessments, treatment plans and progress notes as acceptable documentation of services provided. Any records that do not include authenticated signatures of budgeted contract staff providing services will be considered unallowable units, and will not be reimbursed.

CLIENT ELIGIBILITY CRITERIA:

To be eligible for substance abuse services, a client must meet all of the standard eligibility criteria as defined in Section 3 Client Eligibility. For the Federal Poverty Limits for this service category, see Appendix – Menu of Services.

EXAMPLES OF ELIGIBLE COSTS AND SERVICES:



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Substance Abuse Assessment:

- Screen and complete behavioral health assessments for eligible clients who have histories of substance abuse.

1 unit = reflective of the appropriate medical code and agreed reimbursable rate

Substance Abuse Counseling:

- Provide individual, family or couples counseling sessions to eligible clients who are experiencing behavioral health symptoms.

1 unit = reflective of the appropriate medical code and agreed reimbursable rate

Substance Abuse Group:

- Provide group services to eligible clients who are experiencing behavioral health symptoms.

1 unit = reflective of the appropriate medical code and agreed reimbursable rate

Psychiatric Evaluation:

- Provide psychiatric evaluations to eligible clients to determine diagnosis and need for psychotropic medications.

1 unit = reflective of the appropriate medical code and agreed reimbursable rate

Psychiatric Medication Management:

- Provide medication management follow up to eligible clients to who have been placed on psychotropic medications for management of improved health and any side effects.

1 unit = reflective of the appropriate medical code and agreed reimbursable rate

Residential Substance Abuse Treatment:

- Provide residential abuse treatment programs, including expanded HIV-specific capacity of programs if timely access to treatment is not available.

1 unit = 1 day